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Kristin J. Doyle  
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PAGES (WITH COVER)

V0028/296361

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**COMMENTS**

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1. Transmittal Form PTO/SB/21
2. Fee Transmittal PTO/SB/17
3. Petition For Extension Of Time Under 37 CFR 1.136(a) PTO/SB/22
4. Credit Card Payment Form PTO-2038
5. Request For Continued Examination (RCE) Transmittal

Applicant: Van Esbroeck, et al.  
Examiner: Parsley, David J.USSN: 10/756,916;  
Art Unit: 3643**TO BE COMPLETED BY KS OPERATIONS CENTER**

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PTO/SB/21 (08-04)

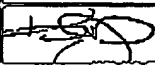
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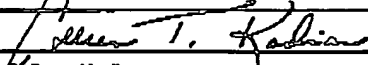
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<b>TRANSMITTAL FORM</b>	Application Number	10/756,916
	Filing Date	01/13/2004
	First Named Inventor	Maurice E.T. van Esbroeck
	Art Unit	3643
	Examiner Name	Parsley, David J.
(to be used for all correspondence after initial filing)		
Total Number of Pages in This Submission	Attorney Docket Number	V0028/296361

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Request For Continued Examination (RCE) Transmittal PTO/SB/30 Credit Card Payment Form PTO-2038
<div style="border: 1px solid black; padding: 2px;">Remarks</div>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm	KILPATRICK STOCKTON LLP		
Signature			
Printed Name	Kristin J. Doyle		
Date	June 14, 2005	Reg. No.	44,807

CERTIFICATE OF TRANSMISSION/MAILING			
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Signature			
Typed or printed name	Eileen Kadian	Date	June 14, 2005

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to be (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on this amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/17 (12-04v2)  
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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		Complete If Known	
<b>FEE TRANSMITTAL</b> <b>for FY 2005</b>		Application Number	10/756,916
		Filing Date	01/13/2004
		First Named Inventor	Maurice Eduardus Theodorus van Esbroeck
		Examiner Name	Parsley, David J.
		Art Unit	3843
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Attorney Docket No.	V0028/286361
TOTAL AMOUNT OF PAYMENT		(3) 1360	

## METHOD OF PAYMENT (check all that apply)

- ☐ Check ☒ Credit Card ☐ Money Order ☐ None ☐ Other (please identify) : \_\_\_\_\_  
☒ Deposit Account Deposit Account Number: 11-0855 Deposit Account Name: Kilpatrick Stockton LLP  
 For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  
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☒ Charge any additional fee(s) or underpayments of fee(s) ☒ Credit any overpayments

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## FEE CALCULATION

## 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

## 2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180
<b>Total Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>
_____ -20 or HP= _____ x _____ = _____		
HP = highest number of total claims paid for, if greater than 20.		
<b>Indep. Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>
_____ -3 or HP= _____ x _____ = _____		
HP = highest number of independent claims paid for, if greater than 3.		

## 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

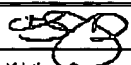
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____ - 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____				

## 4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge) : RCE \$790 + Extension Fee Differential \$570

## SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	44,807	Telephone	404-815-6389
Name (Print/Type)	Kristin J. Goyis	Date	June 14, 2005		

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